



Mississippi State Board of Massage Therapy

APPLICATION FOR PROFESSIONAL LICENSURE

PLEASE READ CAREFULLY:

Please type or print clearly - illegible or incomplete applications cannot be processed.

1	Full Legal Name:		
	First Name:	Middle Name:	Last Name:
2	Date of Birth:	Social Security Number:	Email:
3	Home Address:		
	City:	State:	Zip:
4	Mailing Address (if different):		
	City:	State:	Zip:
5	Home Phone:	Cell Phone:	Work Phone
6	Which licensing examination did you take and pass:		Date Exam Passed:

A certified check or money order made payable to MSBMT for all applicable fees. Personal checks are not accepted and will be returned. Do not send cash. Fees are non-refundable and are not prorated.

X	Amount	For
	\$ 50.00	Initial Application Fee (For 1 st time applicants, in addition to License Fee) OR (if a certificate of licensure has not been issued within 24 months due to the applicant's failure to meet all requirements for licensure).
	\$ 200.00	2 year License Fee (MTC – mobile therapist card included with license certificate)
	\$ 25.00	For each additional location certificate
	\$ 30.00	Provisional Permit Fee* Plus above \$50 application fee and \$200.00 License Fee. * The Provisional Permit is a temporary permit approved by the board when all requirements, other than a board approved pre-licensure exam have been met (90 day limit). Attach proof of payment and application for a board-approved pre-licensure examination. If you have already passed a pre-licensure examination such as the NCETMB or the MBLEx or the MSPLE (Mississippi examination) you do not qualify for a provisional (temporary) permit. Also, a provisional permit will not be issued until the applicant has passed the MSLE (Mississippi State Law Examination.
\$		Total amount remitted via certified check or money order number: Money Order/Cashier Check number _____

In order to consider your application, please submit the following to the address listed above:

Completed and notarized application

High School graduation or

GED equivalent

Proof of HIV/AIDS awareness training (must be detailed on official transcript)

Current CPR card for hand-on certification by the American Red Cross, American Heart Association or American Safety and Health Institute

Current First Aid card for hand-on certification by the American Red Cross, American Heart Association or American Safety and Health Institute

Applicant must submit two (2) 2" X 2" **recent PASSPORT size and quality** photographs (**no photocopies**) which must be dated and signed on front.

Fingerprints and Mississippi Criminal History Background Checks previously submitted with EX.01 Application for ALL Mississippi State Examinations.

All documentation supporting licensure requirements:

(1) Evidence of the successful completion of a state, nationally, or internationally accredited examination approved by the board, with such evidence to be sent from the testing organization directly to the Board, including:

- a) National Certification Examination for Therapeutic Massage and Bodywork (NCETMB)
- b) Massage and Bodywork Licensing Examination (MBLEx)
- c) Mississippi State Pre-Licensing Examination (MSPLE)

AND (2) An official and certified transcript sent directly from YOUR School of Massage Therapy to the Board for a minimum of 700 hours in a board approved training program that includes 8 hours current CPR and 1st Aid training; a course on communicable diseases including HIV/AIDS information and prevention;

AND (3) If:
a) if it has been more than 24 months since you have graduated from a Mississippi massage school, you will need to provide proof of completion of a 3-hour Mississippi Law / Rules and Regulations CEU course OR take

and pass the Mississippi Rules and Regulations examination. (MSBMT Bd Mtg. 6.26.09)
 b) you are transferring from another state and requesting reciprocity, you will also need to take and pass the Mississippi Rules & Regulations/Law Exam. See www.msmt.state.ms.us → Examination → Application;)

AND (4) Clear a Mississippi Criminal History Check and FBI fingerprint background check previously submitted with the EX.01 Application for ALL Mississippi State Examinations. I understand that if the background check(s) are not clear that I am responsible for notifying the court of jurisdiction and have them provide, directly to the Board, certified documentation that all requirements of the court order were met.

Education and Training
 (Official Transcript must be sent from Massage School)
 (attach copies of others if available)

7	Name of High School:	Date of Graduation:		
8	Complete Address:			
9	Name of College or University:			
10	Complete Address:			
11	Dates attended:	From:	To:	Degree Awarded:
12	Major:		Minor:	Date of Graduation:
13	Name of Vocational School:			
14	Complete Address:			
15	Certificate Received:			Dates Attended:
	YES	NO		From:
				To:
16	Name of Massage Therapy School:			
17	Complete Address:			
18	Certificate/Degree received:			Dates Attended:
	YES	NO		From:
				To:
19	Include a copy of the following, if applicable:			
	Out of State License:			Type and #:
	Issue Date:			Expiration Date:

20. EMPLOYMENT HISTORY (past five (5) years inclusive) - use back of this sheet if needed.

List current employment first:

Date From	Date To	Employer's Name & Address	Description of duties	Reason for leaving

21. Please list all establishments with complete physical address where you will be practicing massage therapy. If you are self-employed, please record your name as your business name and enter home physical address. No license will be issued without Business 1 information. NOTE: You will need a copy of your License for display at each place that you practice as a massage therapist. Each additional certificate is \$25.00 and must list the additional **PHYSICAL** name and address where you do business. Certificates are non-transferable. If you change locations, you must notify the State Board Office at least 14 days prior and obtain a new certificate for that location prior to working at that location. A Mobile Therapist Card will be provided with your license certificate. You are required to have this card prominently displayed when performing massage therapy services off-site.

Business 1 Information:
(this one free with your application)

CHECK APPROPRIATE BOX

This is my home address – I do not have a work address yet – I will not be working out of my home

This is my home address – I will be operating a home-based business

Name		
Physical Address		
City	State	Zip
Phone		Contact Name
Establishment Email Address		
Establishment Web Address		

Business 2 Information:
(additional \$25.00 fee)

Name		
Physical Address		
City	State	Zip
Phone		Contact Name
Contact Email Address		
Establishment Website Address		

#	YES	NO	AFFIDAVIT QUESTIONS
22			Are you a citizen of the United States? If NO, attach copy of passport including work permit.
23a			Have you been convicted or found guilty of a crime in any state or jurisdiction, regardless of adjudication? or
23b			Is there any criminal charge now pending against you? (Do not include parking or speeding violations for Question 23.)
24			Have you ever been a defendant in a court-martial?
25			Have you ever been declared legally incompetent?
26			Have you ever undergone treatment for the use of drugs, narcotics or intoxicating liquors?
27			Have you ever received treatment for any emotional disturbances, mental disorder or insanity that would impair your ability to perform as a massage therapist?
28			Has a regulatory authority in any state or jurisdiction (including Mississippi) denied you a license or other credential to practice massage or to practice any other licensed profession?
29			Has a regulatory authority in any state or jurisdiction (including Mississippi) granted you a license or other credential to practice massage or to practice any other licensed profession? (If NO, skip Questions 30 through 35)
30a			Have you ever held a professional massage therapy license in Mississippi?
			If yes, what was your license #:
30b			I have practiced massage therapy for compensation in Mississippi during the term that my license was expired. If YES, YOU MUST attached a copy of appointment book.
30c			Why did you allow your license to expire?
31			Has a regulatory authority in any state or jurisdiction (including Mississippi) disciplined you related to the practice of massage or to the practice of any other licensed profession? (Such disciplinary outcome includes, but is not limited to, license restrictions or conditions, probation, fine, or reprimand.)
32			Has a regulatory authority in any state or jurisdiction (including Mississippi) suspended, revoked, denied the renewal of, or required you to surrender your Massage Therapy License or other credential, or your license to practice any other profession?
33			Have you ever voluntarily surrendered a license or credential in connection with or to avoid a disciplinary action by a regulatory authority?
34			As a massage therapist, are you now or have you ever been a defendant in civil litigation in which the basis of complaint was for negligence, malpractice, or lack of professional competence?
35			Is there currently pending against you in any jurisdiction a complaint against your professional conduct or competence as a massage therapist?

If you answered no to Question 22 or yes to any of Questions 23 through 35, please provide additional relevant information, dates, jurisdiction (state, county), offense, disposition, circumstances, medical practitioners who treated you or who were consulted (names & addresses). It will be necessary to direct each practitioner or Facility who treated you to furnish the board with any information the board requests with respect to any such treatment. Attach to this application.

AFFIDAVIT OF APPLICATION

I, _____, under oath, do promise and affirm that if this application is accepted and I should be granted a license to practice as a Massage Therapist in the State of Mississippi, I will obey the laws of this state, the rules and regulations of the Mississippi State Board of Massage Therapy, and maintain the honor and dignity of the profession.

It is understood and agreed that if I should fail to keep the above agreement, or if I have made any false statements in this application, that:

- a) My license may be suspended or revoked by the Mississippi State Board of Massage Therapy at any time.
- b) I have read and understand the law, rules and regulations pertaining to massage therapy in the State of Mississippi.
- c) I further understand that it is my responsibility to keep my license current and stay informed of any changes in the law, rules and regulations and policy relative to Massage Therapy in this state.
- d) I further state that I am familiar with the provisions of the ADA, Title 3 that apply to an individual massage therapist offering goods and services to the public.

I further state that all statements made by me in this application are true and correct.

Signature of Applicant

Printed Name

Date

Sworn to and subscribed before me this _____ day of _____, in the year _____.

Notary Public

SEAL

County of _____

State of _____

My Commission expires _____



MISSISSIPPI STATE BOARD OF MASSAGE THERAPY
Post Office Box 20, Morton, MS 39117

LICENSE VERIFICATION FORM

Applicant: Complete Section I of this form if you have ever held a massage therapy license in any state other than Mississippi. Forward one copy to each licensing agency in all the states where you have held OR currently hold a massage therapy license. This form should be mailed to the Mississippi State Board of Massage Therapy by the licensing agency completing the form. Most states require a fee for processing. The fee is the applicant's responsibility.

Licensing Board / Agency: The Mississippi State Board of Massage Therapy requires information regarding my license. This is my request for you to respond to the questions in Section II and also gives you authority to release any information, favorable or otherwise, to the Mississippi State Board of Massage Therapy.

Section I: (for applicant only)

Name	Signature		
Address	City	State	Zip
Date of Birth	Social Security No.		
License Number	State of Licensure		

Section II: (For Licensing Board/Agency only)

The Mississippi State Board of Massage Therapy requires verification of this person's credential to practice be provided by all states in which the person listed above holds or has held a license, registration or certification. Please complete and return this form **DIRECTLY** to the Mississippi State Board of Massage Therapy, PO Box 20, Morton, MS 39117.

State where credential was issued	Agency Name		
Full Name of Credential Holder			
Credential Number	Type of Credential <input type="radio"/> License <input type="radio"/> Registration <input type="radio"/> Certification		
Issue Date	Expiration Date	Educational Requirements	

Respond to the following questions: (Circle) If YES is answered to any question 3 – 8, please attach explanation.

#	QUESTION	YES	NO	#	QUESTION	YES	NO
1	Is the license current			5	Do your files indicate any derogatory information (fines, Code of Ethics violations, etc.)?		
2	Is the license in good standing			6	Have you received any complaints against this professional?		
3	Have any charges ever been filed against this professional?			7	Has this professional been investigated by your Board?		
4	Do you know of any information that may discredit this professional?			8	Are you aware of any information about this professional submitted to the National Practitioner Data Bank?		

Authorized Signature: _____
 Date of Signature: _____

BOARD SEAL

PLEASE RETAIN THIS PAGE FOR FUTURE REFERENCE
DO NOT RETURN THIS PAGE WITH YOUR APPLICATION

Registration Requirements:

§ 73-67-21. Practice of massage therapy prohibited unless licensed; licensure requirements; exemptions.

(2) No person may advertise massage or practice massage for compensation in this state unless he is licensed as a massage therapist by the board. No person may use the title of or represent himself to be a massage therapist or use any other title, abbreviations, letters, figures, signs or devices that indicate that such person is a massage therapist unless he is licensed to practice massage therapy under the provisions of this chapter. Massage establishments with six (6) or more licensed massage therapist shall be exempt from the advertising provisions found in [Section 73-67-29](#) provided that such therapy or service is performed by person(s) licensed under this chapter.

(3) The following are requirements for licensure:

- (a) An applicant must be eighteen (18) years of age, or older, on the date the application is submitted.
- (b) An application must provide proof of high school graduate equivalency.
- (c) An applicant must be of legal status not only to receive a license, but also to work in the State of Mississippi with such license.
- (d) An applicant must supply proof of current certification in cardiopulmonary resuscitation (CPR) and first aid of at least eight (8) hours of training, including practical testing, and supply documentation of familiarity with The Americans with Disabilities Act.
- (e) All required fees for licensure must be submitted by the applicant.
- (f) Any and all requirements regarding good moral character and competency, as provided for in this chapter and in accepted codes of ethics, shall be met. To assist the board in conducting its licensure investigation, all applicants shall undergo a fingerprint-based criminal history records check of the Mississippi central criminal database and the Federal Bureau of Investigation criminal history database. Each applicant shall submit a full set of the applicant's fingerprints in a form and manner prescribed by the board, which shall be forwarded to the Mississippi Department of Public Safety (department) and the Federal Bureau of Investigation Identification Division for this purpose.
- (g) An applicant must have completed an approved continuing education course on communicable diseases, including HIV/AIDS information and prevention.
- (h) The applicant's official and certified transcript(s) from the applicant's massage therapy school. Such transcript must verify that the applicant has completed a board-approved training program of no less than the minimum requirement for supervised in-class massage therapy instruction and student clinic, with a minimum grade requirement of "C" or better in every course of instruction, as stated for school requirements; or if the applicant is submitting criteria from an apprenticeship program, all required documentation, forms and other board stipulated requirements must be met.

Staying Current:

The most up to date information may be found on the website: www.msmbt.state.ms.us and it is the responsibility of each licensed massage therapist to remain current on changes.

www.msmbt.state.ms.us → [Important News](#) contains the Rules and Regulations, the Mississippi Law and some of the most recent MSMBT releases.

www.msmbt.state.ms.us → [Licensure](#) contains applications, renewal forms, and application for retired status

www.msmbt.state.ms.us → [Change info.](#) Contains a form to update your home mailing address. There is no Charge for this and you can email this change to director@msbmt.state.ms.us. You may also use this page for requesting additional locations either online or by paper method.

Renewal of your license is required every other May 31st. If you have everything in order (CEUs, no name change, etc.) you may renew online. Otherwise, you must submit a Renewal Application www.msmbt.state.ms.us → [Licensure](#) → Renewal Forms for Existing Therapists. This must be postmarked at least 30 days prior to the expiration of your current license along with required CEU's. See www.msmbt.state.ms.us → Continuing Ed → Programs for a list of approved Programs. If the expiration date is not listed for the particular program, you must ask the Provider if their Program Fees are current prior to taking the class. Only 5 hours per year or 10 hours during a renewal period may be from an approved Home Study / Online (Distance Learning) Program.

Student Verification Form

Send this to your school.

Must be mailed from your School of Massage Therapy directly to MSBMT

Name of Student: (Print)	
Student Signature:	
Student Identification No.:	Student Class No.:
Date of Graduation:	
Social Security No.:	Student email address:

Dear School,

The above student request that you return this form as verification of graduation from your program in good standing to fulfill requirements for Licensure as a Massage Therapist in the State of Mississippi.

School Name:	State License No.:
School Physical Address:	
School Mailing Address:	
Telephone Number:	
Contact Person:	Email Address:

Also enclose an Official and Certified Transcript on school letterhead directly mail to:

MS State Board of Massage Therapy
Registration Data
P. O. Box 20
Morton, MS 39117